



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 02558P-002010US																								
<b>FY 2005</b> (fees effective on or after October 1, 2004)																										
Application Number 09/515,014		Filed February 29, 2000																								
For SYNTHETIC ANTIGEN FOR THE DETECTION OF ANTIBODIES IMMUNOREACTIVE WITH HIV VIRUS																										
Art Unit 1648		Examiner T. Brown																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="text-align: right; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$110</td> <td style="text-align: center;">\$55</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$430</td> <td style="text-align: center;">\$215</td> <td style="text-align: right;">\$ 215 _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$980</td> <td style="text-align: center;">\$490</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1530</td> <td style="text-align: center;">\$765</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2080</td> <td style="text-align: center;">\$1040</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ 215 _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.																										
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																										
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,928</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.																									
<u>Brian W. Poor</u> Signature		<u>19 October 2004</u> Date																								
<u>Brian W. Poor, Reg. No. 32,928</u> Typed or printed name		<u>(206) 467-9600</u> Telephone Number																								
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																										
<input type="checkbox"/> Total of _____ forms are submitted.																										

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